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CONFIRMATION NO. 2617

|   |   |                               |   |   |                                |
|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/925,059  | <b>FILING OR 371(c) DATE</b><br>08/08/2001<br><b>RULE</b>   | <b>CLASS</b><br>250           | <b>GROUP ART UNIT</b><br>2884   | <b>ATTORNEY DOCKET NO.</b><br>ZYB 0001 PA |                                |
| <b>APPLICANTS</b><br>Evan Y.W. Zhang, Beavercreek, OH;<br><br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/224,189 08/09/2000<br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 09/13/2001                |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>35                 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Evan Y. W. Zhang<br>Zybron Inc.<br>3915 Germany Lane<br>Beavercreek, OK45431  |   |                               |   |   |                                |
| <b>TITLE</b><br>IMAGE INTENSIFIER AND LWIR FUSION/COMBINATION SYSTEM  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>790   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |